|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **NHS number** |  |

**Number of medicines patient is prescribed:** <Add>

**Medical History please state clearly:** <Add>

**Medication review process**

|  |  |
| --- | --- |
|  | **Comments** |
| Can the regimen be simplified? Option to deprescribe any of the patient’s medicine? |  |
| Is each drug still clinically indicated? |  |
| Are there clear instructions (avoid ‘as directed’, etc.)? |  |
| Is long term therapy intended? |  |
| Have the indications been incorporated into the dosage instructions? |  |
| Is there more than one pharmaceutical form across the medicines?  Can this be rationalised? |  |
| Is there an opportunity to switch to a generic product from a branded one? |  |
| Is there an opportunity to switch to a more cost-effective pharmaceutical form? |  |
| Is there an opportunity for dose optimisation? |  |
| Is there an opportunity to synchronise quantities on the repeat prescription? |  |
| Is there medication that has not been issued for a while and can be removed? |  |
| Is there medication that should be added? |  |
| Does any medicine need to be titrated up or down? |  |
| Is there evidence of non-adherence? |  |
| Is an indication stated for each medication?  (Is the medication linked within the Practice system to the correct problem?) |  |
| Is it appropriate for all of the medicines to be available for repeat prescribing? (or repeat dispensing if relevant) |  |
| Is there any drug-drug interaction to consider? |  |
| Is there any drug-disease interaction to consider? |  |
| Please summarise the changes made to the patient’s therapy; clearly list what has been stopped/changed (e.g. strength, dose, quantity, date stopped). | |

Please summarise the changes made to the patient’s therapy; clearly list what has been stopped/changed (e.g. strength, dose, quantity, date stopped).

|  |  |  |  |
| --- | --- | --- | --- |
| **Medicine** | **Dose/ directions** | **Date stopped or changed** | **Calculate any savings** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |